



APPLICATION FOR YOUNG PROFESSIONAL / STUDENT EXCHANGE PROGRAM TO CHULA VISTA'S SISTER CITY---ODAWARA, JAPAN

A sister city is a *broad-based, officially approved, long-term partnership* between two communities, counties, or states in two countries. A sister city, county or state relationship becomes official with a signing ceremony of the top-elected officials of the two local jurisdictions, following approval by the local city councils (county commissions or state legislatures), as appropriate.

Sister city partnerships have the potential to carry out *the widest possible diversity of activities of any international program*, including every type of municipal, business, professional, educational and cultural exchange or project. Sister city programs are also unique in that they inherently involve the three main sectors in a community: *local government, businesses, and a wide variety of citizen volunteers* (and civil society or non-profit organizations).” [Sister Cities International]

DESCRIPTION OF PROGRAM:

Four (4) Chula Vista young professionals/students (ages 18-23) will be selected by the City of Chula Vista's International Friendship Commission to represent the City of Chula Vista for a month-long exchange program with Odawara, Japan.

(CHULA VISTA COMPONENT) While in Chula Vista, the four Odawara delegates will be representing Odawara, Japan at events/functions such as, but not limited to: volunteering at local nonprofits/charities, business functions/dinners, local excursions, etc. Chula Vista delegates and/or host families will arrange local transportation and accompany Odawara delegates while they are in Chula Vista. Odawara delegates are **not permitted** to drive during their visit in Chula Vista.

(ODAWARA COMPONENT) While in Odawara, the four Chula Vista delegates will be representing the City of Chula Vista through, but not limited to: volunteering at local nonprofits/charities, attending Odawara city council meetings, excursions, etc. Odawara delegates and/or host families will arrange local transportation and accompany Chula Vista delegates while they are in Odawara. Chula Vista delegates are **not permitted** to drive during their visit in Odawara.

REQUIREMENTS:

- Must possess a valid USA passport or be a USA permanent resident with a valid International passport
- Must be a resident of Chula Vista
- Must be between the ages of 18 and 23
- Must be College bound or attending college and/or employed

Application must include:

- Two references (known for more than one year):
 - 1) From an academic source or employer
 - 2) Community/Civic/Cultural Organization
- Doctor's certificate verifying physical health
- Host family application form
- Written essay or video in .WMB format not to exceed three minutes

- Two (2) Notarized Program Waiver/Consent/Release forms
- International health insurance that provides for health care abroad and health emergency return travel

INFORMATION:

The program in Odawara is August 2, 2013 through August 14, 2013

The program in Chula Vista is August 15, 2013 through August 27, 2013.

You MUST be able to participate for the entire duration of the exchange program.

Application is due NO LATER than Thursday, April 25, 2013.

Interviews will be held thereafter at a time and location shortly thereafter.

\$1,000 travel stipend towards airfare will be provided by the City of Chula Vista's International Friendship Commission.

SUBMIT APPLICATION TO:

City of Chula Vista, International Friendship Commission
Attention: Lilia Cesena, Mayor & Council Offices
276 Fourth Avenue
Chula Vista, CA 91910
(619) 691-5044
email: licesena@chulavistaca.gov

APPLICATION
YOUNG PROFESSIONAL / STUDENT EXCHANGE TO ODAWARA, JAPAN

Dates: August 2, 2013 through August 27, 2013

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.

Application deadline: Thursday, April 25, 2013 by 4pm

1. APPLICANT INFORMATION

First Name	Middle Name	Last Name	Suffix
Date of Birth	Male / Female	Driver's License Number	SSN
Street Number	Street Name	Zip Code	
Phone Number (primary)	Email Address		
Primary Language	Secondary Language		
Emergency Contact Name	Contact Number		

For a STUDENT APPLICANT:

Name of College/University	Year	Full Time/Part Time
Grade Point Average (GPA)	Major or Primary field of study	

ATTACH COPY OF YOUR MOST RECENT TRANSCRIPT.

For a YOUNG PROFESSIONALS APPLICANT:

Name of Employer/Company/Business	
Occupational Title	Website
Supervisor's Name	Supervisor's Contact Number

ATTACH COPY OF YOUR MOST RECENT PAY STUB.

2. HEALTH INFORMATION

A. Is there any health-related issue that would preclude you from participating in the City of Chula Vista's Odawara Exchange Program? Yes ☐ No ☐

If yes, explain:

B. Do you have any limitations that would preclude you from participating in any physical activity associated with the exchange program (i.e. walking or prolonged sitting on an airplane)? Yes ☐ No ☐

If yes, explain:

C. The City of Chula Vista, in complying with the Americans with Disabilities Act, requests that individuals who require accommodations to access, attend, and/or participate in a City meeting, activity, or service state what accommodations are being requested in the section provided below.

3. ESSAY

For thirty years, the City of Chula Vista and the City of Odawara have been Sister Cities. Ideas were shared, friendships were made, and cultural bridges have been fostered. If you were selected to be a Chula Vista delegate, please explain how you would be able to carry on the longstanding friendship between the two cities? Why would your being selected to represent the City of Chula Vista (which is the second largest city in San Diego County) be the best choice for the taxpayers of Chula Vista?

4. ACCEPTANCE OF PROGRAM TERMS

Your signature below indicates your understanding of and agreement to the following terms and conditions:

- a. I am a resident of Chula Vista, CA.
- b. I am a college bound student or attending college and/or employed.
- c. I have a **valid** U.S.A. passport or a USA permanent resident with a valid International passport.
- d. I will be between the ages of 18 and 23 on the date of departure to Odawara, Japan.
- e. If selected, I will be responsible for my own personal expenses, in addition to the \$1,000 travel stipend provided by the City of Chula Vista.
- f. I will provide two (2) notarized. Program Waiver/Consent/Release forms.
- g. I will provide my own medical insurance, including international health care insurance that provides for health care while abroad and emergency health travel coverage. I agree I am responsible for my own health maintenance care.
Insurance Carrier: _____ Policy No. _____
- h. I will provide my own medical inoculations as recommended and required by the Department of Public Health and own Physician.
- i. I will prepare and provide a full report to the Chula Vista Mayor and Council on the Odawara Exchange Program.

- j. If for any reason, any action or conduct is deemed inappropriate by the City of Chula Vista's International Friendship Commission, the delegate will be responsible for refunding the City of Chula Vista the entire \$1,000 travel stipend within 30 days and will be removed immediately from the Odawara Exchange Program. I further agree to obey all laws, including U.S. and Japanese laws. I waive any rights, remedies, causes of action or claims involving my dismissed from the program.
- k. As part of our procedure for processing your application, your personal and employment references will be checked, including a background check. If you have misrepresented or omitted any facts on this application, and are subsequently selected, you may be discharged from this program. You may make a written request for information derived from the checking of your references. By your signature below, you waive any and all causes of action or claims involving the aforementioned background check and agree to such background check.
- l. In the case of an emergency in which I cannot be reached, I authorize U.S. embassies and consulates to release information concerning my welfare and whereabouts to the City of Chula Vista, including the City Manager. In authorizing this release of information, I hereby waive 5 U.S.C. Section 522(b)(8).

I agree to the above terms and conditions:

Applicant Signature

Printed Name

Date

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PROGRAM WAIVER/CONSENT/RELEASE

1. WAIVER/CONSENT

I certify that all of the statements in my application for the Odawara Young Professional/Student Exchange Program, and in any attachments thereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this application unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for this program. I further certify that I understand that anyone convicted of a crime of violence, a crime against another person, or crime of moral turpitude is ineligible for the program.

I hereby authorize the City of Chula Vista and/or International Friendship Commission to request and receive any and all background information about/concerning me, including but not limited to my criminal history, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C. 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my present and past employers.

The Fair Credit Reporting Act states that any access to credit history must be disclosed to the applicant. The background check may verify my Name, SS# (upon request) and DOB with the Credit Bureau Equifax (or any similar entity), therefore the Fair Credit Reporting Act rules apply. This search will NOT access or disclose ANY financial history or personal information not applicable to the criminal history report. I understand that this information will be used to determine my eligibility for the program.

I also understand that as long as I remain a participant in the program, the criminal history records check may be repeated as deemed necessary. I understand that I will have an opportunity to review the criminal history report and that there is a procedure available for clarification, if I dispute the record as received. I agree that I may also be required to complete a background check via Livescan.

I waive the right to assert or claim in any forum, including state or federal court, that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in the program, and I fully consent to such investigations. I agree to conform to the rules, regulations, and policies of the program, and understand that my participation can be modified or terminated, with or without notice or cause, at any time, at the option of either the City of Chula Vista and/or International Friendship Commission. I may terminate my participation in the program at my option, subject to a refund of the \$1000 stipend. I understand and agree that the City of Chula Vista and/or International Friendship Commission may, in their sole discretion; decline to accept my application for participation with or without cause.

2. RELEASE OF ALL CLAIMS

I, on behalf of myself, relatives, heirs, estate, executors, administrators, successors and assigns, fully release and discharge and indemnify the City of Chula Vista and/or the International Friendship Commission and their elected or appointed officials, officers, employees, volunteers, agents and attorneys, from all actions, causes of action, claims, judgments, obligations, damages, and liabilities of whatsoever kind and character, including, but not limited to, any actions, causes of action, claims, judgments, obligations, damages, or liabilities relating to the investigation of my background for and/or participation in or removal from the Odawara Young Professional/Student Exchange Program, including, but not limited to, those arising out of any claims for violation of any alleged contract, express or implied; any covenant of good faith and fair dealing, whether express or implied; any state

or federal Due Process claim(s); any tort or cause of action; and/or any federal, state, or local law, statute or regulation.

I further acknowledge I understand and I expressly agree that this waiver/consent/release extends to all claims of every nature and kind whatsoever, known or unknown, suspected or unsuspected, past or present, and all rights under Section 1542 of the California Civil Code are hereby expressly waived. Section 1542 reads as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE WAIVER, CONSENT AND RELEASE; THAT I AGREE TO ITS TERMS; AND THAT I SIGN THIS FORM VOLUNTARILY.

Signature of Applicant

Print

Date

ACKNOWLEDGMENT

State of California

County of _____)

On _____ before me, _____

(insert name and title of the officer) personally appeared

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument described as follows:

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

HOST FAMILY APPLICATION FORM

SECTION A

Information in this section will be shared with the student.

1. Application Information

Full Name of Host Parent #1 (First, Middle, Last)		Gender	Full Name of Host Parent #2 (First, Middle, Last)		Gender
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Country of Birth	Religious Affiliation	Date of Birth	Country of Birth	Religious Affiliation
E-mail			E-mail		
Occupation	Current Employer		Occupation	Current Employer	
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Business Phone	Fax		Business Phone	Fax	
Education	Professional/Personal Interests		Education	Professional/Personal Interests	
<input type="checkbox"/> Check here if you have been with this employer for less than 5 years. Provide your previous employment information for the last 5 years on a separate sheet and attach.			<input type="checkbox"/> Check here if you have been with this employer for less than 5 years. Provide your previous employment information for the last 5 years on a separate sheet and attach.		

2. Residence

Home Address - Street			
City	State	Zip Code	Country
Postal Address (if different) - Street			
City	State	Zip Code	Country
Home Phone	Fax Phone	Home E-mail	
Type of home <input type="checkbox"/> Single Family Home <input type="checkbox"/> Condominium <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other (describe)			
Describe primary rooms and bedrooms			
Number of bathrooms?			
Will the exchange student share a bedroom? <input type="checkbox"/> If yes, with whom?			

Describe the student's bedroom
Describe the amenities to which the student has access
Utilities: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> City Water <input type="checkbox"/> Well Water <input type="checkbox"/> Electricity
Is the residence the site of a functioning business? (e.g., daycare, farm) <input type="checkbox"/>

3. Children (all) & Other Persons Living in the Household - Other Adults living in Household must provide same information as the Parents.

Full Name (First, Middle, Last)	Gender	Date of Birth	Relationship	Living at Home
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Languages Spoken in the Home

Native Language:					
Non-native Language(s)	Years Studied	Family Member	Proficiency (Indicate Poor, Fair, Good, or Fluent)		
			Speaking	Reading	Writing

5. Household

Please indicate if you have pets in the home?	Cat <input type="checkbox"/> #___	Dog <input type="checkbox"/> #___	Other
Have any household members been charged with a crime?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Describe
Do any household members have a dietary restriction?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Describe
Would you host a student with a dietary restriction? (e.g. vegetarian)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Describe
Will you provide three square meals a day?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Describe
Have any family members traveled abroad?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Countries
Our family would like to host a:	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Either
	Non-smoker <input type="checkbox"/>	Smoker <input type="checkbox"/>	Prefer a non-smoker but will host a smoker <input type="checkbox"/>
Our family will host a (check all applicable)	Non-smoker <input type="checkbox"/>	Smoker <input type="checkbox"/>	Prefer a non-smoker but will host a smoker <input type="checkbox"/>
Will the student share a bedroom?	No <input type="checkbox"/>	Yes <input type="checkbox"/> with whom:	
Have you ever hosted an Exchange Student?	No <input type="checkbox"/>	Yes <input type="checkbox"/> which program(s)	

Describe your expectations regarding the responsibilities and behavior of the student while in your home (e.g., homework, household chores, curfew (school night and weekend), access to refrigerator and food, drinking of alcoholic beverages, driving, smoking, computer/Internet/E-Mail)		
Please describe activities and/or sports each family member participates in (e.g., camping, hiking, dance, crafts, debate, drama, art, music, reading, soccer, baseball, horseback riding)		
Would you voluntarily inform the student of your religious affiliations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would any household member have difficulty hosting a student with different religious beliefs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How did you learn about being a host family?		

Continued on Page 11

6. Picture Page

Please use a glue stick to attach color photographs of your home.

Outside Home

Yard

Family Room

Kitchen

Student's Bedroom

Student's Bathroom

Section B

Information in this section will only be used internally by the district and not shared with the student.

7. Financial Information

The following financial information is required by the U.S. Department of State and will be kept in confidence. The income data collected will be used solely for the purposes of ensuring that the basic needs of the exchange students can be met, including three quality meals and transportation to and from school activities.

Average Household Annual Income (check one)			
<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$35,000 to \$45,000	<input type="checkbox"/> \$55,000 to \$65,000	<input type="checkbox"/> \$75,000 and above
<input type="checkbox"/> \$25,000 to \$35,000	<input type="checkbox"/> \$45,000 to \$55,000	<input type="checkbox"/> \$65,000 to \$75,000	
Does any member of the household receive any kind of public assistance (financial needs-based government subsidies for food or housing)? If yes, describe			Yes <input type="checkbox"/> No <input type="checkbox"/> Describe

8. Personal References

Please list two personal references (not relatives) and include their addresses and phone numbers.

1.

Name	Relationship	How long have you known this person?	
Address -- Street	City	State	Zip Code
Residence Phone	Business Phone	E-mail	

2.

Name	Relationship	How long have you known this person?	
Address -- Street	City	State	Zip Code
Residence Phone	Business Phone	E-mail	

Expectations:

The duties and responsibilities of being a host family have been explained to me. If selected as a host family, I agree to treat the student as my own son or daughter and to provide appropriate parental supervision.

WAIVER/CONSENT/RELEASE

I certify that all of the statements in this application, and in any documents hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this application unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration as a host.

Host Parent #1 (print name)	Signature	Date
Host Parent #2 (print name)	Signature	Date

HOST/ADULT COHABITANT WAIVER/CONSENT/RELEASE

1. WAIVER/CONSENT:

I certify that all of the statements in my application for the Odawara Young Professional/Student Exchange Program, and in any attachments thereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this application unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration to serve as a host family. I further certify that I understand that anyone convicted of a crime of violence, a crime against another person, or crime of moral turpitude is ineligible for participation in the program.

I hereby authorize the City of Chula Vista and/or International Friendship Commission to request and receive any and all background information about/concerning me, including but not limited to my criminal history, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C. 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my present and past employers.

I understand that the Fair Credit Reporting Act states that any access to credit history must be disclosed to the applicant. The background check may verify the Name, SS# (upon request) and DOB with the Credit Bureau Equifax (or any similar entity), therefore the Fair Credit Reporting Act rules apply. This search will NOT access or disclose ANY financial history or personal information not applicable to the criminal history report.

I understand that information obtained during the background check will be used to determine eligibility to serve as host for a delegate under the Odawara Young Professional/Student Exchange Program. I also understand that as long as I remain a participant in the program, the criminal history records check may be repeated as deemed necessary. I understand that I will have an opportunity to review the criminal history report and that there is a procedure available for clarification, if I dispute the record as received. I agree that I may also be required to complete a background check via Livescan.

I waive the right to assert or claim in any forum, including state or federal court, that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in the program, and I fully consent to such investigations.

I agree to conform to the rules, regulations, and policies of the program, and understand that my participation can be modified or terminated, with or without notice or cause, at any time, at the option of either the City of Chula Vista and/or International Friendship Commission. I may terminate my participation in the program at my option, subject to a refund of the program stipend. I understand and agree that the City of Chula Vista and/or International Friendship Commission may, in their sole discretion; decline to accept my application for participation with or without cause.

2. RELEASE OF ALL CLAIMS

I, on behalf of myself, relatives, heirs, estate, executors, administrators, successors and assigns, fully release and discharge and indemnify the City of Chula Vista and/or the International Friendship Commission and their elected or appointed officials, officers, employees, volunteers, agents and attorneys, from all actions, causes of action, claims, judgments, obligations, damages, and liabilities of whatsoever kind and character, including, but not limited to, any actions, causes of action, claims, judgments, obligations, damages, or liabilities relating to the investigation of my background for and/or participation in or removal from the Odawara Young Professional/Student Exchange Program (including serving as a host), including, but not limited to, those arising out of any claims for violation of any alleged contract, express or implied; any covenant of good faith and fair dealing, whether

express or implied; any state or federal Due Process claim(s); any tort or cause of action; and/or any federal, state, or local law, statute or regulation.

I further agree that I understand and expressly agree that this waiver/consent/release extends to all claims of every nature and kind whatsoever, known or unknown, suspected or unsuspected, past or present, and all rights under Section 1542 of the California Civil Code are hereby expressly waived. Section 1542 reads as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE WAIVER, CONSENT, AND RELEASE; THAT I AGREE TO ITS TERMS; AND THAT I SIGN THIS FORM VOLUNTARILY.

Signature of Applicant

Print Name

Date

ACKNOWLEDGMENT

State of California

County of _____)

On _____ before me, _____
(insert name and title of the officer) personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument described as follows:

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)